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LETTER TO EDITOR

EVIDENCE INFORMED COMMUNITY HEALTHCARE IN DEVELOPING COUNTRIES: IS THERE A ROLE FOR TERTIARY CARE SPECIALISTS?

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Dear Sir,

Escalating cost of medical care is making good quality health care less accessible to disadvantaged sections of the society. We need to strengthen the primary care services to overcome this challenge. There should be a shift of focus from specialized clinic based services to community outreach services. For the latter to be capable of delivering evidence informed health care, support and guidance from secondary and tertiary levels are needed.

Here we describe an effort to scale up primary health care services in a coastal village in the southern Indian state of Kerala. This was aimed to improve access to evidence informed health care by developing simple inexpensive community based services.

Thalikulam Grama Panchayath has a population of 24,180. Thalikulam Vikas Trust (TVT) is a nongovernmental organization (NGO) active in various sectors like health, housing, social security and employment generation. In 2008, TVT launched a community health care program named Thalikulam Health Programme (THP) with inputs and support from Government Medical College, Thrissur (GMCT).

The representatives of the NGO and an expert group from GMCT met many times to set goals for research and service development. A data entry system was designed to record the health related information. TVT recruited forty women from the local community as community health volunteers (CHVs) to act as links between specialists and the community. They were given a brief training at GMCT by the expert group.

In the first phase, CHVs completed a health survey of the population. This was followed by a series of medical camps in which the patients identified by the health workers were examined by the experts from GMCT. Management plans were discussed with the patients, caregivers and the local CHV. Follow up care of those with chronic diseases was also taken up.

We have initiated three research projects to address health problems of older people like diabetes, hypertension, depression, dementia and skin diseases. A special team comprising of specialists from psychiatry, internal medicine and dermatology supervise this. We have designed information booklets related to dementia care, depression and skin diseases.

The NGO has started a primary care clinic. This service will be complementary to the existing primary care facilities in public and private sectors. The medical officer of this clinic will supervise and monitor the health care services provided by the NGO at primary and community care settings.

Kerala has many achievements to its credit in health sector. Though the state is industrially and economically underdeveloped, its health parameters are comparable to many industrially advanced countries.[1,2] But several recent studies

have pointed to a high morbidity – low mortality paradox prevailing in the state. [3,4] The health care scenario in Kerala appears to be stagnant now. There is an urgent need to strengthen the accessibility as well as the quality of primary health care to overcome this challenge.

Some countries like United Kingdom incorporate training in various specialties within the training of General Practitioners (GP). [5] Creation of General Practitioners with a Special Interest (GPwSI) who supplement their main GP role by delivering an additional high quality service in a particular area of expertise helps to achieve the aim of delivering evidence informed health care to the community. But in most of the developing countries including India, such systems are non-existent. These countries need to develop new models to link the primary care team to a network of experts from secondary and tertiary levels of care.

In the present initiative, locally selected CHVs are given a pivotal role. They are trained in case finding, encouraging follow up care of patients, health information dissemination and other health promotional activities. We are examining the possibility of enhancing the community case finding abilities of these CHVs in several chronic diseases. An earlier study in the same community had shown that it is possible for health workers to identify cases of dementia in the community.[6]

Involvement of specialist teams in community health care delivery allows the specialists to gain useful feedback from the primary care. This would help them to make decisions on the ingredients of interventions to be delivered by non-specialist health care providers. The mhGAP initiative from the World Health Organization has adopted such an approach .[7]

We hope to develop this initiative as a new model of community health care, one which combines the expertise of an academic institution with the volunteerism of the local people. Partnership with NGOs could help academic institutions to foster community led health care initiatives. This makes scaling up of evidence based clinical practice feasible. This, we believe, will lead to better outcomes for a larger number of people who bear the burden of disease in resource poor countries. It is hoped that initiatives such as THP will result in bringing in the expertise of specialist clinicians to non specialized settings through an ongoing mechanism which makes them stake holders in community health care.

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